

ACH Program Enrollment Form – City of Santa Clara

The _____ (*Customer*) is requesting to make utility payments owed to City _____
Customer Name
 through Automated Clearing House (ACH) using the National Automated Clearing House Association (NACHA). After City processes this Enrollment Form, all future Customer ACH payments to City will be made to the financial institution and account number identified below. City may change its banking information by submitting an updated form to Customer at the following E-mail address: _____
Customer E-mail Address

If City wishes to terminate the ACH process, City will send an e-mail to the above address stating City no longer wishes to receive ACH payments using the (NACHA). Please note that any change in the ACH process (including termination, at which time the payment procedure would default to paper check format) may take up to 30 days to process.

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Vendor Name and Address: | City of Santa Clara 1500 Warburton Ave Santa Clara, CA 95050 |
| Vendor Remittance Address: | Cashiers@santaclaraca.gov |
| Depository Bank Name: | Bank of America |
| Depository Bank Address (Bank must be located in the U.S.): | Bank of America, N.A. Government Banking 555 Capitol Mall, Suite 1555 Sacramento, CA 94814-4582 |
| Depository Bank Transit Routing (ABA) Number (9 numeric digits): | 121000358 |
| Bank Account Number: | 1499211977 |
| Name on Account : | City of Santa Clara |
| Account type: | Checking |
| <p><i>Note: Customer ACH payments to the above account must be accompanied by transmission of a “remittance advice” notification. This notification must include account number(s) and dollar amount(s) to be applied to each account(s). The City’s address is: Cashiers@santaclaraca.gov</i></p> | |
| <p>Required of Customer:</p> <ol style="list-style-type: none"> 1) Completed Enrollment Form. 2) Attach listing of all accounts covered by this enrollment. | |
| <p>Vendor Contact Name: John Kachmanian Contact Phone Number: (408)615-2333 Contact e-mail address: Cashiers@santaclaraca.gov</p> | |
| <p>Authorized Signature: _____ Name: _____ Title: _____ Date: _____ Phone Number: _____</p> | |
| <p><i>Note: By completing and submitting this Enrollment Form to the City, authorized signer represents that he/she is at least 18 years old and is authorized to make this request on behalf of the Customer. Customer will handle process and safeguard any personally identifiable information provided on this Enrollment Form in accordance with Customer’s privacy practices.</i></p> | |

“Customer” Accounts List